

Montgomery County Department of Recreation
Health & Information Form: Participant

(Please Print)

Instructions: Complete this form carefully and accurately. Montgomery County Government is committed to complying with the Americans with Disabilities Act (ADA). As a result, children and teens with disabilities may register for the most appropriate programs for their age, needs, and skill level. There are two options: Therapeutic Recreation camps specifically designed for individuals with disabilities or inclusion in general recreations programs. If your child needs auxiliary aids or services in order to participate (such as a companion, ASL or cued speech interpreter, or large print), or if your child has a 504 plan or IEP at school, please call a Therapeutic Recreation Specialist to discuss your child's needs (240-777-6870). If your child has a Special Education placement at school, a volunteer companion to work one-on-one may enhance his or her experience. Placements are limited and companions may not be available at every session. *Registration and requests for companions, ASL or cued speech interpreters, or other accommodations must be made at least 3 weeks before the start of the program.* Be sure to attach all required additional forms for medication and for immunization verification (see instructions below). ***If transfer to a different camp during the summer, you must bring a new copy to these camps.*** (To make it easier for you, please make the number of copies you need for the entire summer.) Forms are also available on-line at www.montgomerycountymd.gov/rec.

Participant Information

Program Name _____ **Session Number** _____

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____

Parent/Guardian Name(s): _____ Child: ☐ Male ☐ Female

Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

In case of emergency and a parent is not available, list two emergency contacts: **NOTE: Please remember to notify the persons you have listed as a contact.**

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from the program: (List your name and any other individuals you authorize who are at least 16 years old.)

1. _____ 2. _____

3. _____ 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Montgomery County Recreation camps must have current immunizations that are consistent with State of Maryland school requirements.

- ☐ My child is registered at a Maryland licensed school or day care as follows: _____
(Note: Attending a licensed public or private school or day care in the state of Maryland verifies immunization.)
- ▶ **Note: A Maryland Immunization Certificate must be attached if you check either of the boxes below. Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get this form.**
- ☐ My child is not registered in a Maryland licensed school or day care (i.e., Your child is not yet registered in any school or day care, is home schooled, or attends an out-of-state school).
- ☐ My child must be exempted from immunization on medical or religious grounds.

Health Information

Print Name of Child: _____

- Date of Child's last Tetanus shot: _____ (**must be completed for child to attend**)
- Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? ☐ No ☐ Yes (**If yes, provide physician's statement**)
(Note: For emergency medical treatment, 911 will be called.)
- **An Authorization for Medication form must be attached if your child must receive medication during program hours. Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get this form.**

List medication and dosages: _____

- ▶ **If your child must receive Medication at Camp; you must send a completed Medication form to the Recreation Department (4010 Randolph Road, Room 306, Silver Spring, MD 20902) for review at least 15 business days prior to your child's session. This information must be reviewed prior to the start of your child's program.**
- List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.

- List your child's allergies: _____

Registration Release Statement

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves of his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: _____

Date: _____